

# EXHIBIT 6



---

**From:** ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

**Sent:** Monday, 5 August 2019 17:55

**To:** Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

**Cc:** Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

**Subject:** RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

---

**From:** Aiwuyo, Henry [SERVITICO] <[henryaiwuyo@chevron.com](mailto:henryaiwuyo@chevron.com)>

**Sent:** Monday, August 5, 2019 2:26 PM

**To:** Asekomeh, Eshiofe [DELOG] <[EAEV@chevron.com](mailto:EAEV@chevron.com)>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <[DNOY@chevron.com](mailto:DNOY@chevron.com)>

**Cc:** Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>

**Subject:** RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include
  - a. Rupture/dissection ( sudden and catastrophic) and its attendant sequela
  - b. Thromboembolic phenomenon
  - c. Pressure symptoms on other vital organs
  - d. Sudden death
2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support such an individual due to our peculiarities.
3. Instructions for the patient
  - avoid lifting heavy objects
  - quit smoking (if he is a smoker)
  - manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
  - watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
  - avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

**DR. AIWUYO, HENRY**

**OH Physician/Cardiologist**

**EGTL clinic**

**EXT-77943**

**B2B dr oyebowale olaniyi**

**"as to diseases, make a habit of two things- to help, or at least, to do no harm"**  
**hippocrates**

---

**From:** Asekomeh, Eshiofe [DELOG] <[EAEV@chevron.com](mailto:EAEV@chevron.com)>  
**Sent:** Monday, August 5, 2019 11:43 AM  
**To:** ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <[DNOY@chevron.com](mailto:DNOY@chevron.com)>  
**Cc:** Aiwuyo, Henry [SERVITICO] <[henryaiwuyo@chevron.com](mailto:henryaiwuyo@chevron.com)>; Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>  
**Subject:** FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

---

**From:** Asekomeh, Eshiofe [DELOG]  
**Sent:** Tuesday, July 30, 2019 7:44 PM  
**To:** Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>  
**Cc:** NIGEC Staff Physicians (I9esc300) <[L9ESC300@chevron.com](mailto:L9ESC300@chevron.com)>  
**Subject:** Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment. He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds) Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

**Dr. Asekomeh E.G**  
**Chevron Hospital**  
**Warri, Nigeria**



**From:** Akintunde, Ujomoti <UJOM@chevron.com>  
**Sent:** Wednesday, 7 August 2019 17:08  
**To:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Subject:** RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'.

I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial.

There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy?

Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,  
Ujomoti Akintunde

---

**From:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Sent:** Tuesday, August 6, 2019 12:35 PM  
**To:** Akintunde, Ujomoti <UJOM@chevron.com>  
**Subject:** FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

---

**From:** ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>  
**Sent:** Monday, August 5, 2019 5:55 PM  
**To:** Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Cc:** Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>  
**Subject:** RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

---

**From:** Aiwuyo, Henry [SERVITICO] <[henryaiwuyo@chevron.com](mailto:henryaiwuyo@chevron.com)>

**Sent:** Monday, August 5, 2019 2:26 PM

**To:** Asekomeh, Eshiofe [DELOG] <[EAEV@chevron.com](mailto:EAEV@chevron.com)>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <[DNOY@chevron.com](mailto:DNOY@chevron.com)>

**Cc:** Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>

**Subject:** RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include
  - a. Rupture/dissection ( sudden and catastrophic) and its attendant sequela
  - b. Thromboembolic phenomenon

- c. Pressure symptoms on other vital organs
  - d. Sudden death
2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support such an individual due to our peculiarities.
3. Instructions for the patient
- avoid lifting heavy objects
  - quit smoking (if he is a smoker)
  - manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
  - watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
  - avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

**DR. AIWUYO, HENRY**

**OH Physician/Cardiologist**

**EGTL clinic**

**EXT-77943**

**B2B dr oyebowale olaniyi**

***"as to diseases, make a habit of two things- to help, or at least, to do no harm"***  
***hippocrates***

---

**From:** Asekomeh, Eshiofe [DELOG] <[FAEV@chevron.com](mailto:FAEV@chevron.com)>

**Sent:** Monday, August 5, 2019 11:43 AM

**To:** ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <[DNOY@chevron.com](mailto:DNOY@chevron.com)>

**Cc:** Aiwuyo, Henry [SERVITICO] <[henryaiwuyo@chevron.com](mailto:henryaiwuyo@chevron.com)>; Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>

**Subject:** FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
  2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
  3. Possible instructions to communicate to employee as per preventing complications.
- Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

---

**From:** Asekomeh, Eshiofe [DELOG]  
**Sent:** Tuesday, July 30, 2019 7:44 PM  
**To:** Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>  
**Cc:** NIGEC Staff Physicians (l9esc300) <[L9ESC300@chevron.com](mailto:L9ESC300@chevron.com)>  
**Subject:** Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment. He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds) Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

**Dr. Asekomeh E.G**  
**Chevron Hospital**  
**Warri, Nigeria**

**MEDICAL SUMMARY**

**RE: SNOOKAL MARK DOB-** [REDACTED]

Above named 47-year old employee is on international transfer from El Segundo, USA to Escravos, Nigeria for international assignment as a Reliability Engineering Manager. He had his medical Suitability for Expatriate Assignment (MSEA) evaluation on the 24<sup>th</sup> of July 2019.

Significant/ relevant medical history gleaned from his GO-146 include;

- History of being hypertensive and presently on Lorisatan and amlodipine- date of diagnosis/ date of commencement and dosages not stated.
- He exercises regularly for at least thirty minutes at three times a week on average
- He is a non-smoker
- A past medical history of treatment for depression between 1994 and 1996
- He had a cholecystectomy in 2014
- A significant history of diagnosis of asymptomatic dilated aortic root and premature ventricular complexes on ECG for which the Cardiologist recommended no additional treatment.

Main findings on examination was a bradycardia with pulse rate of 53/min and blood pressure of 135/78mmHg.

Review of recent investigations revealed:

1. ECG: Heart rate of 47/min, sinus rhythm with PVC, left atrial deviation and slight intraventricular delay
2. Slightly borderline elevated triglyceride and LDL cholesterol and reduced HDL cholesterol
3. Normal E/U/Cr, LFT, CBC and urine analysis
4. Negative Quantiferon TB test

Transthoracic echocardiography done on 9<sup>th</sup> of April 2019 revealed aortic root diameter of 4.4 cm with normal aortic arch size.

CT Angiography done on the 10<sup>th</sup> of April 2019 also reported a stable aortic arch (Compared to an earlier CT angiography done on 10<sup>th</sup> of May 2017) with a diameter of 4.2cm and a maximum size of the ascending aorta of 4.1cm.

Dr. Asekomeh E.G

7/08/2019